

215037234  
60037

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 076	Agency Case No. B5-084496	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		(In Military Time) TIME OF ACCIDENT 1144	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1146	09/12/2015	
B 66	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 9TH ST/Q - P ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
105.00		X		Q STREET		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	063286088766		STATE (Of License)	IL	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	VERONICA ORTEGA		PHONE	773-480-0080	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/11/1988	
G 5	OWNER	CITADEL COMMUNICATIONS LLC		PHONE	402-436-2252	
H 5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB482928	
V1/O 1	LICENSE PLATE PA NO.	SUF712		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/O 1	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
I 1	2012	Ford	FOCUS	4 door Sedan	gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 0
V1/P 1	VEHICLE ID NO. (VIN)	1FAHP3K22CL250346		INSURANCE COMPANY GREAT NORTHERN INSURANCE CO		
V2/P 1	TOWED TO	TOWED BY		POLICY NO. 7352-50-83		
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	28183941		STATE (Of License)	TX	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	BROOK F AMEN		PHONE	972-832-8246	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	04/02/1982	
J 01	OWNER	EASY CAR LEASING LLC		PHONE	402-348-0455	
K 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
V1/Q 4	LICENSE PLATE PA NO.	TWW702		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/Q 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
L 01	2015	Ford	MUSTANG	Convertible	red	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 200
M 01	VEHICLE ID NO. (VIN)	1FATP8EM0F5397598		INSURANCE COMPANY HOME STATE COUNTY MUT INS CO		
N 01	TOWED TO	TOWED BY		POLICY NO. Y8298307		
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-084496**



Indicate  
North  
by Arrow



To Q St

POI  
105' south of the south curb of Q St  
6' west of the east curb of 9th St  
9th St = 70'

To P St

9th St

*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Vehicle #1 was traveling southbound on 9th St behind vehicle #2 when vehicle #2 stopped and vehicle #1 hit it. The driver of vehicle #1 said she ran into vehicle #2 when it stopped. The driver of vehicle #2 said she was stopped in traffic when vehicle #1 hit her. She said she was looking in her mirror and saw vehicle #1 hit her. She said vehicle #1 was not traveling very fast.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

  

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME														
1		X			9TH STREET														
2		X			9TH STREET														
1	01				06 Turning left		POINT OF IMPACT		01	POINT OF IMPACT		05							
2	11				08 Entering traffic lane		MOST DAMAGED AREA		01	MOST DAMAGED AREA		05							
					09 Leaving traffic lane		00 None		02	03		04							
					10 Parked		09 Top & windows		01		05								
					11 Slowing or stopped in traffic		10 Undercarriage		08		07		06						
					12 Other		11 Total (all areas)												
					13 Unknown		12 Other												

  

OFFICER NO. <b>1336</b>	TROOP/TEAM/BEAT <b>7</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Nate Hill</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Nate Hill</b>	DATE OF REPORT <b>09/12/2015</b>